



Janet Napolitano  
Governor

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities

Tracy L. Wareing  
Director

Telephone:

Fax:

TTY Voice Services: 7-1-1

**NOTICE OF INTENDED ACTION OR SERVICE SYSTEM DISCHARGE**

Date:

RE:

Dear

This letter is to tell you that on \_\_\_\_\_ (35 days form the date of this letter-except service denials)  
the Division of Developmental Disabilities will:

- ☐ Change your State Funded service(s)
  - ☐ Suspend
  - ☐ Reduce
  - ☐ Terminate
  - ☐ Deny

The reason for this decision is:

- ☐ Terminate Division of Developmental Disabilities Eligibility: (See A.R.S. Section 36-559) *(If the person is ALTCS Eligible, the DDD Support Coordinator will complete an electronic ALTCS Member Change Report in addition to this notice.)*

The reason for this decision is:

- ☐ You have chosen to stop being a member of DDD
- ☐ We have been unable to contact you
- ☐ You moved out of the state of Arizona

We reviewed the documentation that we have about you and decided that you no longer meet the requirements for DDD because:

- ☐ You do not have a Developmental Disability
- ☐ You are under 6 years old and are not at risk for a Developmental Disability
- ☐ You do have a Developmental Disability but do not have significant limitations in at least three of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.

If you have Arizona Long Term Care (ALTCS) please call them right away to tell them that you no longer meet the requirements for DDD. If appropriate, we will refer you to Arizona Health Care Cost Containment System (AHCCCS) so they can decide if you can participate in the Elderly/Physically Disabled Program with ALTCS.

If you disagree with our decision about changing your service or terminating your eligibility with DDD, you may ask for an Administrative Review. To do this, write a letter or call and ask us within 35 days of the date of this letter. You can call, mail, fax or deliver your request to:

**Division of Developmental Disabilities**

Compliance and Review Unit  
P.O. Box 6123, Site Code 791A  
1789 W. Jefferson St., Fourth Floor  
Phoenix, AZ 85007  
Telephone: 602-542-0419  
Fax: 602-364-2850

If you need help asking for an Administrative Review, please contact me at \_\_\_\_\_

It is your responsibility to get help if you need it and to submit your request on time.

Respectfully,

\_\_\_\_\_  
Support Coordinator

\_\_\_\_\_  
Support Coordination Supervisor

cc: Consumer File; ALTCS Local Office (if applicable)

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Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1.